

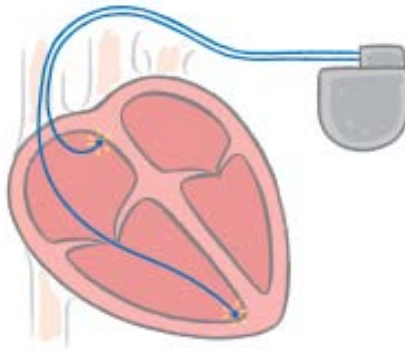
Physicians

HEART & LUNG CENTER

Post-ICD (Implantable Cardioverter Defibrillator) Placement: Frequently Asked Questions

You had an ICD placed inside of you because it could reduce your risk of death.

Here is a diagram of an ICD:



What happens following the procedure?

Following surgery, you will typically stay in the hospital overnight and go home the next day. You will see a bump under your skin where your device is located and the area may be tender. Generally, you should limit arm movement on the side of your ICD for about 2 to 6 weeks. Your doctor or nurse will provide you with more specific care instructions, but you can expect to gradually return to your everyday activities shortly after the procedure. If you have any questions, please ask your doctor or nurse.

What about follow-up after the procedure?

After the implant, the doctor who implanted your defibrillator will work with the doctor who manages your heart disease. You will still need to take your medication as prescribed and have your ICD checked from time to time. Ask your doctor or nurse about your schedule for follow-up visits with each of your physicians. It is important to keep appointments with each of your doctors and to follow the recommended daily care instructions to ensure the best possible results. Depending on what type of device you have, you might be able to use a monitoring service that allows you to transfer information

from your device to your clinic over a telephone line. This service may reduce the number of clinic visits you need. Your device helps you only when it is functioning properly. It is important to receive regular follow-up care by your electrophysiologist and the doctor or nurse treating your heart failure.

What happens after a shock? Making a plan.

If your ICD detects a problem with your heart rhythm, it may deliver a shock to your heart. People describe the shock as surprising and uncomfortable, and sometimes painful, but it passes quickly. It also means the ICD has done its job and that it may have saved your life. Your doctor or nurse will give you specific directions on what to do immediately after receiving a shock. Work with them to develop a plan that is right for you.

If you do receive a shock:

1. Follow the directions your doctor or nurse gave you about what to do after receiving a shock.
2. Stay calm and find a quiet place to sit or lie down.
3. Take notice of how you feel and tell others.
4. Ask a family member or friend to stay with you until you feel better. Anyone touching you while the device is delivering a shock might feel the muscles in your chest and upper arms contract. The shock will not harm the person touching you.
5. Instruct the friend or family member to call for an ambulance if you receive a shock and remain unconscious for more than 1 minute.
6. If you do not feel well after the shock, ask someone to call your doctor and help get you to the nearest emergency room.

Put this plan in a handy place so you can get to it easily. Also, make sure to share it with your family and other caregivers, so they can understand how to help you. It is helpful to understand that what you were doing at the time of the shock did not cause the shock. Generally, you will still be able to do the activities you enjoy. Although getting a shock may reduce your confidence for a short time, it is important to return to your everyday activities and focus on enjoying life.

Will I be able to drive?

Most people with an ICD are able to resume driving depending on their doctor's recommendation, and the laws and insurance rules in their state.

Will I be able to travel?

Most people with an ICD can travel without taking special precautions, but you should discuss this with your doctor. Most patients can travel without problems soon after their ICD implantation.

Will I have a problem with airport security?

Airport security systems may detect the metal of your ICD and you may be asked to undergo an additional search. Patients receiving ICDs are given a device identification card, which can be presented at airport security if needed. You can also request a hand search. You should request that any handheld screening devices be kept away from your ICD, since they have the potential to trigger defibrillation therapy.

Can I walk through anti-theft systems?

Yes. Sometimes, however, the systems located in stores, libraries, and other buildings may temporarily interfere with your ICD if you stop or linger near the equipment. Simply walk through the system at a normal pace.

Are physical activities safe?

Most physical activities are safe. An ICD can tell when your heart rate increases due to normal physical activities and when it increases because of a problem with your heart. Discuss your activity level with your doctor to determine what is best for you.

What about intimacy?

Most patients can resume intimate activity. People who have an ICD may wonder if the device could deliver a shock during sexual activities. This is rare, but possible. The shock will not hurt your partner. Your doctor or nurse can also provide helpful information on the subject of intimacy.

How will I know if my ICD is working properly? What happens if the battery runs out?

The doctor who implanted your device will schedule regular follow-up appointments to check your device. If your doctor finds the battery low, he or she will discuss a replacement procedure. Because the battery inside the device cannot be recharged, the entire device must be replaced, usually after 5 to 7 years.

What will I do if I have concerns?

Make a list of any worries you might have about your condition or the ICD. Discuss each concern with your doctor or nurse, your loved ones, or other appropriate sources of information who can help you to develop a plan about how to cope with your concerns.

How do I adjust to having an ICD?

Each person adjusts a little differently. Although many patients benefit from the use of these devices, individual results may vary. Your doctor will discuss the benefits and risks with you. The goal is for you to lead a more normal life as soon as possible. Build your confidence by making plans with friends and family. You may want to consider participating in a support group. If you have problems adjusting, there are many other resources to help.

Safety Information

Additional Device Information

An implantable cardioverter defibrillator (ICD) system delivers therapies to treat patients with heart rhythm disorders or who are at significant risk of developing heart rhythm disorders. An ICD is placed inside your body and works automatically. Risks associated with an ICD system implant include, but are not limited to, infection at the surgical site and/or sensitivity to the device material, failure to deliver therapy when it is needed, or receiving extra therapy when it is not needed. After receiving an ICD system, you will have limitations with magnetic and electromagnetic radiation, electric or gas powered appliances, and tools with which you are allowed to be in contact.

The Medtronic CareLink[®] Monitor is a prescription device indicated for use in the transfer of patient data from some Medtronic implantable cardiac devices based on physician instructions and as described in the product manual. This product is not a substitute for appropriate medical attention in the event of an emergency and should only be used as directed by a physician. Medtronic CareLink Service is currently available in the continental United States, Alaska, and Hawaii.

Treatment with an ICD system and/or Medtronic CareLink Service is prescribed by your physician. This treatment or service is not for everyone. Please talk to your doctor to see if it is right for you. Your physician should discuss all potential benefits and risks with you. Although many patients benefit from the use of this treatment, results may vary.

Reference

European Heart Rhythm Association; Heart Rhythm Society; Zipes DP, et al. ACC/AHA/ESC 2006 guidelines for management of patients with ventricular arrhythmias and the prevention of sudden cardiac death: a report of the American College of Cardiology/American Heart Association Task Force and the European Society of Cardiology Committee for Practice Guidelines (Writing Committee to Develop Guidelines for Management of Patients With Ventricular Arrhythmias and the Prevention of Sudden Cardiac Death). *J Am Coll Cardiol*. September 5, 2006;48(5):e247-346.

Developed by the SCA Prevention Medical Advisory Team.

This material is intended to be educational. It is not intended to replace the information provided to you by your healthcare providers and may not be directly applicable for your individual clinical circumstance.

Please refer to the manufacturers' prescribing information and/or instructions for use for the indications, contraindications, warnings, and precautions associated with the medications and devices referenced in these materials.

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